

<i>SERFF Tracking Number:</i>	<i>PHLX-125534730</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Philadelphia Indemnity Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>GL AR0034002F01</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>General Liability</i>		
<i>Project Name/Number:</i>	<i>General Liability/GL AR0034002F01</i>		

## Filing at a Glance

Company: Philadelphia Indemnity Insurance Company

Product Name: General Liability	SERFF Tr Num: PHLX-125534730	State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.2001 Commercial General Liability	Co Tr Num: GL AR0034002F01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: SPI PhiladelphiaIndemnity	Disposition Date: 03/13/2008
	Date Submitted: 03/11/2008	Disposition Status: Approved
Effective Date Requested (New): 04/15/2008		Effective Date (New):
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		

## General Information

Project Name: General Liability	Status of Filing in Domicile:
Project Number: GL AR0034002F01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 03/13/2008	
State Status Changed: 03/13/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Philadelphia Indemnity Insurance Company is introducing independent general liability endorsements that will be available to provide coverage for tenant users and vendors at various events including but not limited to sporting events, conventions, social gatherings, festivals and shows. These endorsements will be used in conjunction with ISO's CG 00 01.

1) Tenant Users Liability Insurance Protection PI-TU-001 (12/07)

<i>SERFF Tracking Number:</i>	<i>PHLX-125534730</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Philadelphia Indemnity Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>GL AR0034002F01</i>		
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<i>Product Name:</i>	<i>General Liability</i>		
<i>Project Name/Number:</i>	<i>General Liability/GL AR0034002F01</i>		

This is an endorsement to be used when providing bodily injury, property damage, and personal and advertising injury coverage to specific tenant users and vendors listed in the endorsement schedule. Tenant users and/or vendors operate from the premises of the event or venue shown in the declarations.

## 2) Additional Insured - Venue PI-TU-002 (12/07)

This endorsement affords additional insured status to the venue at which the tenant user and/or vendor is conducting the specified event(s). It will be attached to all policies with Tenants Users Liability Insurance Protection.

## Company and Contact

### Filing Contact Information

Kevin O'Brien, Compliance Analyst II	kobrien@phlyins.com
One Bala Plaza	(610) 617-7752 [Phone]
Bala Cynwyd, PA 19004	(866) 282-7495[FAX]

### Filing Company Information

Philadelphia Indemnity Insurance Company	CoCode: 18058	State of Domicile: Pennsylvania
One Bala Plaza	Group Code: 677	Company Type:
Suite 100		
Bala Cynwyd, PA 19004	Group Name: Philadelphia Insurance Companies	State ID Number:
(610) 617-7900 ext. [Phone]	FEIN Number: 231738402	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Philadelphia Indemnity Insurance Company	\$50.00	03/11/2008	18497197

<i>SERFF Tracking Number:</i>	<i>PHLX-125534730</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>General Liability/GL AR0034002F01</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Edith Roberts	03/13/2008	03/13/2008

<i>SERFF Tracking Number:</i>	<i>PHLX-125534730</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>General Liability</i>		
<i>Project Name/Number:</i>	<i>General Liability/GL AR0034002F01</i>		

## Disposition

Disposition Date: 03/13/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	PHLX-125534730	State:	Arkansas
Filing Company:	Philadelphia Indemnity Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	GL AR0034002F01		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	General Liability		
Project Name/Number:	General Liability/GL AR0034002F01		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Tenants Users Liability Insurance Protection	Approved	Yes
Form	Additional Insured - Venue	Approved	Yes

SERFF Tracking Number: PHLX-125534730 State: Arkansas

Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: GL AR0034002F01

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: General Liability

Project Name/Number: General Liability/GL AR0034002F01

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Tenants Users Liability Insurance Protection	PI-TU-001	(12/07)	Endorsement/Amendment/Conditions		0.00	PI-TU-001.PDF
Approved	Additional Insured - Venue	PI-TU-002	(12/07)	Endorsement/Amendment/Conditions		0.00	PI-TU-002.PDF

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**TENANT USERS LIABILITY INSURANCE PROTECTION**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**Schedule of Tenant Users and/or Vendors:**

Reported to and accepted by the Company, and for which a Certificate of Insurance has been issued and premium has been received.

This insurance applies to "bodily injury", "property damage" and "personal and advertising injury" arising out of the operations of the "tenant users" and/or "vendors" listed in the above **Schedule**.

**A. SECTION II – WHO IS AN INSURED** is amended to include as an insured the "tenant users" and/or "vendors" listed in the above **Schedule**.

**B. SECTION III – LIMITS OF INSURANCE** is amended to include the following:

The limits of insurance shown in the declarations will apply separately to each "tenant user" and/or "vendor" shown in the **Schedule** above.

Under no circumstances will the Aggregate Limit for any one "tenant user" and/or "vendor" be added and/or stacked to the Aggregate Limit available to another "tenant user" and/or "vendor."

**C. SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Item 4. Other Insurance** is deleted and replaced with the following:

If other valid and collectible insurance is available to the insured for a loss we cover under this Coverage Part, our obligations are limited as follows:

This insurance shall be excess of any other valid and collectible insurance.

We will have no duty under Coverages A or B to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit." If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

We will pay only our share of the amount of the loss, if any, that exceeds the sum of:

1. The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
2. The total of all deductible and self-insured amounts under all that other insurance.

**D. Premium Transactions**

It is hereby understood and agreed that all transactions involving premium will be billed to and paid by:

Name and Address of Venue Owner:

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Additionally, the above named venue owner will be considered to be the First Named Insured with respect to:

1. **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Paragraph 5. Premium Audit;**
2. **COMMON POLICY CONDITIONS, Paragraph A. Cancellation;** and
3. **COMMON POLICY CONDITIONS, Paragraph E. Premiums.**

It is further understood and agreed that any amendments to this policy that result in a change of premium may be adjusted at audit.

**E. Reporting Provisions**

All events insured by this policy which occurred during the reporting period indicated below, must be reported to us no later than \_\_\_\_ days after the last day of the month in the reporting period as designated:

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually

Failure to report and/or remit the premium due will be considered non-payment of premium and will be subject to the cancellation provisions contained in this policy.

**F. SECTION V – DEFINITIONS** is amended to include the following:

1. "Tenant User(s)" shall mean the lessee of the facility or venue where the designated event is held.
2. "Vendor(s)" shall mean an exhibitor and/or concessionaire at a designated event.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED - VENUE**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SCHEDULE**

Name and Address of Venue Owner:

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- A. SECTION II – WHO IS AN INSURED** is amended to include as an additional insured the organization shown in the endorsement **SCHEDULE** but only with respect to “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in connection with that part of the premises leased to you and subject to the following additional exclusions:

This insurance does not apply to:

1. Any “occurrence” which takes place after you cease to be a “tenant user” and/or “vendor” at that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the organization(s) shown in the endorsement **SCHEDULE**.

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## **Rate Information**

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PHLX-125534730</i>	<i>State:</i>	<i>Arkansas</i>
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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	03/13/2008
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### Comments:

### Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
AR - NAIC FORM FILING SCHEDULE.PDF

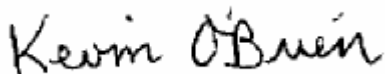
## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	Philadelphia Insurance Companies				<b>Group NAIC #</b>	0677
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>		
Philadelphia Indemnity Insurance Company	PA	18058	231738402			

<b>5. Company Tracking Number</b>	GL AR0034002F01
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Kevin W. O'Brien One Bala Plaza, Suite 100 Bala Cynwyd PA 19004	Compliance Analyst II	877-438-7459	866-282-7495	kobrien@phlyins.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>		Kevin W. O'Brien		

## Filing Information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	17.2 Other Liability - Occurrence Only	
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.2001 Commercial General Liability	
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>		
<b>12. Company Program Title (Marketing Title)</b>		
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)	
<b>14. Effective Date(s) Requested</b>	New: 4/15/08	Renewal: 4/15/08
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>16. Reference Organization (if applicable)</b>		
<b>17. Reference Organization # &amp; Title</b>		
<b>18. Company's Date of Filing</b>	3/11/08	
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	GL AR0034002F01
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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1) Tenant Users Liability Insurance Protection PI-TU-001 (12/07)

This is an endorsement to be used when providing bodily injury, property damage, and personal and advertising injury coverage to specific tenant users and vendors listed in the endorsement schedule. Tenant users and/or vendors operate from the premises of the event or venue shown in the declarations.

2) Additional Insured - Venue PI-TU-002 (12/07)

This endorsement affords additional insured status to the venue at which the tenant user and/or vendor is conducting the specified event(s). It will be attached to all policies with Tenants Users Liability Insurance Protection.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> <b>Check #:</b>      EFT  <b>Amount:</b> </div> <div style="text-align: center; margin-top: 100px;"> <b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b> </div>	

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	<b>This filing transmittal is part of Company Tracking #</b>	GL AR0034002F01
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2.	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	n/a
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Tenants Users Liability Insurance Protection	PI-TU-001 (12/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Additional Insured - Venue	PI-TU-002 (12/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		